Mood, behaviour and personality changes

Emotional fragility

- Crying or laughing excessively
- Super-sensitivity to the remarks or attitudes of others
- Depending on others, even when a degree of recovery has been reached.

What helps

- The person may have no control over outbursts of weeping or laughing. Being matter-of-fact and directing their attention elsewhere helps to normalise the moment
- Recognising that this tearfulness is common after a stroke and often improves with the passage of time
- Respect the person’s sensitivity (they have much to be sensitive about), but don’t feel guilty about saying or doing the wrong thing from time to time
- Encourage independence, by reminding the person of what they can do, eg, “I’ve seen you put your t-shirt on before”.

Fear and anxiety

- Apparently unfounded or exaggerated fears, eg, of walking down a slight slope, even with support
- Unspoken fears that may manifest as withdrawal or extreme anxiety
- Suspicion and accusation.

Some little thing goes wrong with your day, which reminds you of how ‘cornered’ you are, and your mood changes too fast to explain what you are feeling. Learn to talk to your family about how you feel.
What helps

- Give step-by-step explanation and reassurance, eg, ‘Put your foot forward and lean on me – you’ll see that you can’t slip further. Now put the other foot forward…’

- Alterations to perception (see page 52) can generate fears that the person is reluctant to talk about. They may think they are going mad. Try to open them up to quiet discussion of what you think they might be fearful about. (‘Sometimes people have unusual feelings about… Do you ever have feelings like this?’)

- Fears sometimes erupt in blame. Don’t take it to heart, don’t try to justify or explain too much. Tomorrow is another day.

Anger, impatience, irritability

- Angry behaviours may occur which are out of character or seemingly unwarranted

- The person may be as bewildered and frightened by their outbursts as those on the receiving end

- The person (who feels they have little control over their environment) may learn to gain control over others by intimidating behaviour

- Epilepsy (see page 81) can cause ‘unconscious’ rage or anger.

What helps

- Some medications may improve mood, whereas others may make people low in mood. Talk to your doctor about this

- Suspect fatigue as a contributing cause of general irritability. Encourage more rest, eg, regular afternoon sleeps, rearrange the schedule if necessary, try to avoid stressful situations
Count to 10 before you respond – realise that the angry behaviour may be coming from the frustration the person is feeling about their own limitations. Anger is wearying for all concerned and returning the anger makes the situation worse.

Set your own sensible limits on how much you are prepared to listen to or ignore.

Never put up with physical violence. No matter how sympathetic you feel about the causes, be firm in refusing to tolerate it. If violence occurs again, seek help immediately (talk to your doctor). You may feel protective and reluctant to discuss this situation, or afraid of causing further anger, but remember that the person needs help with this problem as much as you do.

Talk about feelings of anger – two heads are always better than one.

Seek advice from the doctor or rehabilitation team.

Lack of self-control

Lack of self-control is difficult to live with. A careful assessment of the causes and explanation of why this is happening will help others to understand, and to plan how to modify the behaviour. Symptoms include:

- Impulsiveness
- Random restlessness
- Inability to wait, or to persevere with a task.

What helps

- Setting up the environment to minimise risks
- Ensuring the person is attempting tasks that are within their abilities.

My swearing and abuse got worse till I was warned about the danger of ‘going down this road’. Eventually I could start to understand my anger.
Lack of ‘motivation’ or initiation

Lack of motivation implies the person is not trying. This is not usual but rather a stroke can affect a person’s ‘starter motor’, so they change from being an energetic leader to someone who has to be told what to do all the time. In other cases, depression or a personality that has always been passive may require help. What appears to be poor motivation needs expert assessment from the stroke team.

Symptoms may include:

- Extreme dependency on others
- Difficulty planning or organising projects
- Inability to ‘get going’ (even though they may talk confidently about carrying something out).

Behavioural changes

A stroke can cause a person to become disinhibited, and to lose the ability to interpret the moods and needs of others, or to recognise what a situation demands. This can be apparent in the following ways:

**Loss of ability to learn from experience**

- Rigid thinking or behaviour
- Unwillingness to do things a different way, although they are able to take in new information.

**Emotional change**

- Uncaring attitude
- ‘Silliness’
- Sudden changes of mood
Lack of interest in sex or greatly increased interest in sex, sometimes with inappropriate sexual behaviour

Emotional outbursts.

**Loss of social awareness**

- Selfishness
- A tendency to sarcasm, rudeness
- Insensitivity to the moods or needs of others
- Saying or doing things they normally wouldn’t think right (disinhibition).

**What helps**

- Let the person know what you think about both appropriate and inappropriate behaviour (guide them)
- Set limits of acceptable behaviour early in the recovery period. Changing later may be difficult
- Avoid reinforcing inappropriate behaviour (give feedback but don’t make a fuss or take too much notice)
- Be consistent about dealing with behavioural problems, no matter where they occur or who is present
- Rehearse new or unusual social situations
- Remember that although the behaviour may be childlike, you are dealing with an adult
- Try to keep a sense of humour
- Seek professional help sooner rather than later.